

In the United States District Court
For the Eastern District of Pennsylvania

Wessie Sims Chimant
4925 W. Stiles St.
Philadelphia, P.A. 19131

CV. NO. 12-5486

Federal R. Civil P. 120 day
4(m)

above named claimant.
serves timely motion for final judgment
pursuant to title 28 U.S.C. A. 1291 filed in
the District Court Nov. 6, 2019 and being timely
served Feb. 3, 2020 to Philadelphia Zoning
Board of adjustment, 1515 Arch Street 18th floor
room 18-006 Philadelphia, P.A. 19102. Now
being served by priority mail express, return
receipt, on Feb. 18, 2020 where true and correct
copy and exhibits of this same fact motion
was mailed certified w/return receipt to
Philadelphia Zoning Board of adjustment
on Feb. 3, 2020. Here, United States postal
service investigation NO. 06680980
and using its track and confirm #
7017 3380 0000 2056 5735

where there has been no return receipt as
requested, and as of yet, no exact whereabouts
of this package at this time served on March 3, 2020
to Philadelphia Zoning Board of adjustment.
this is the second time that this has happen
with my mail as non-served with the Philadelphia
Zoning Board of adjustment. Chairman begins
to believe this constitutes scheme within
meaning of mail fraud Statute.
Title 18 U.S.C.A. 1341.

Respectfully Submitted
Wessie Sims (Chairman)
February 18, 2020

P.S. Here Copy of Zoning Board
receipt served Feb. 3, 2020

Feb 11, C.W.P. 120 day 4m
C.C. mailed to Dept of Finance and inspection 1401 J.F.K. Blvd.
municipal service Building room 1130 phila P.A. 19102 ^{certified return} _{receipt requested}

C.C. of this Feb 11, C.W.P. 120 day 4(m)
I mailed certified return receipt requested to Ann B. Taylor
Law Dept. 1515 arch St. 14th floor Philadelphia, P.A. 19102

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Philadelphia Zoning Board of Adjustments 1515 Arch Street 18th Floor Rm 18-006 Philadelphia PA 19102 ATTN: Chief Officer or Supervisor ONLY</p>		<p>B. Received by (Printed Name) JUELLE BENSON</p> <p>C. Date of Delivery JAN 25 2020</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 3090 0001 9556 3047</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 5572 9274 3958 48</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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<p>1. Article Addressed to:</p> <p>Dept of License and Inspection 1401 J.F.K. Blvd room 1130 Philadelphia PA 19102 ATTN: Chief Officer/Supervisor ONLY</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 3090 0001 9556 3023</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 5572 9274 3958 24</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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<p>1. Article Addressed to:</p> <p>Department of License and Inspection 1401 J.F.K. Blvd. MSB Room 1130 Philadelphia PA. 19102 ATTN: Chief Officer or Supervisor</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7018 3090 0001 9556 3023</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 5572 9274 3972 79</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

United States District Court
 Eastern District of Pennsylvania
 601 Market ST
 Philadelphia 19106
 ATTN: Docket Clerk Michelle Holmes



9590 9402 5572 9274 3958 17

2. Article Number (Transfer from service label)

7018 3090 0001 9556 3054

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X L. Melton

☒ Agent☐ Addressee

B. Received by (Printed Name)

L. Melton

C. Date of Delivery

1/21/20

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

PHILADELPHIA PA 19102

Certified Mail Fee \$3.55

\$

\$2.85

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$0.00☐ Return Receipt (electronic) \$0.00☐ Certified Mail Restricted Delivery \$0.00☐ Adult Signature Required \$0.00☐ Adult Signature Restricted Delivery \$0.00

Postage \$5.30

\$

Total Postage and Fees \$11.70

\$

Sent To

Phila. Zoning Board

Street and Apt. No., or PO Box No. 1515 Arch St 18th Fl

City, State, ZIP+4® Philadelphia, PA 19102

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

0163

6

Postmark
Here

02/03/2020

7017 3360 0000 9502 5735

Wesley Sims
4925 W. 11th St.
Philadelphia, P.A.
19131

PLEASE SECURELY FOLD ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS FOLD AT DOTTED LINE

CERTIFIED MAIL®



7017 3380 0000 2056 3212



1000



19106

U.S. POSTAGE PAID
PERMIT NO. 1000
PHILADELPHIA, PA
19106
\$7.60
R2305K142351-03

United States District Court
Eastern District of Pennsylvania
601 Market Street
Philadelphia, P.A.
19106

